## Labor Organization Officer and Employee Report

## U.S. Departmen

Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.				Form approved - OMB No. 1215-0188 Expires 11-30-99	
Name and address of person filing		2. Name and address of	of labor organiza	ition	
Wendell Winegar		IATSE Loc	al 99		
5190 W. 2700 N.		526 W. 800 S.			
Plain City, UT 84404		Salt Lake	city,	UT 84101	
3. Position in labor organization	4. Date fiscal year	ended	5. File n	umber (if assigned)	
Trustee	12-31-01		d disposity or in	directly had any of the following in-	
Enter appropriate data below if, during the past f terests (except as specified in the exclusions se	t forth in the instruct	ions):			
Held an interest in, engaged in transactions employer whose employees your organizations	(including loans) with,	or derived income or o	other economic int.	benefit of monetary value from an	
6. Name of Employer		Address of Employer			
Utah Theatrical Payroll	l Svc., Inc	. 774 S. 500	W. SLC	, UT 84101	
7. Nature of Interest, Transaction or Income		•			
Board of Director - \$2,	,100.00				
		•			
Held an interest in or derived income or econor from, selling or leasing to, or otherwise dealing seeking to represent, or (2) any part of which coorganization or with a trust in which your labor or selection.	with the business of a onsists of buying from o	n employer whose emplo or selling or leasing direct	vees your labor	organization represents of is actively	
8. Name of business	Para in presentation p.	Address of business			
9. Business deals with—	70.7	10. If 9B or 9C is check	ed give trust or	employer's name	
☐ A. Labor Organization ☐ B. Trust	☐ C. Employer	of WHAN I have also proved the control of the contr	ATTAC Memoritans (A. C.		
11. Nature and approximate dollar value of such dea	alings				
12. Nature of interest held or income received				000	
				TOOLS TOOLS	
C. Received from any employer (other than an any payment of money or other thing of value	employer covered und	er parts A and B above)	or from any labo	or relations consultant to an employer	
13. Name and address of employer	or consultant	14. Nature of payment			
IE MODE	SDACE IS NEEDED	ATTACH ADDITIONAL	SHEETS	Cultiply to market	
			The second of the second	he information in this report, including	
15. <b>Signature and verification</b> —The undersigned the attachments incorporated therein or referr correct and complete.	red to in this report, ha	pplicable penalties of the s been examined by him	and is, to the b	pest of his knowledge and belief, true,	
Signed Allendell Till Inesia	at Plain	Cety	Wah	on 1/12/02	
ordinate the state of the state	City	/		State / Date	